

MONROE COUNTY, FLORIDA

JOB DESCRIPTION

Position Title: Administrator Workers
Compensation

Position Grade: 10

Date: Sept 18, 2000

FLSA Status:
Exempt

Job Code: 10-6

GENERAL DESCRIPTION

(The information of the description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to this job.) Administer the County's Worker's Compensation Program.

KEY RESPONSIBILITIES

1. * Confer with legal and medical adjusters
2. * Administer Manage Care Program. Coordinate initial medical with Managed Care and Doctors
3. * Deal with personnel and supervisors concerning Workers Compensation issues and Drug Free Workplace.
4. General Correspondence and review payment registers weekly.
5. Interacting with other sections in Human Resources.
6. Administer Contracts for ISAC and Vincam.
7. *Attend depositions and mediations.
8. Coordinate Return to work and light duty.
9. Prepare worker's compensation payroll reports to state and review worker's compensation billing to all participants under worker's compensation program.
10. *Budget preparation for Workers' Compensation Fund.
11. *Attend/Prepare Quarterly Audits at TPA in accordance with Administrative Instruction 4712 in Orlando along with regular meetings of Managed Care Providers.
12. *Prepare and monitor various State Reports DWC 17, 19, 51 and Drugfree Workplace, Quarterly Payment to the State for Self-Insured Program.
13. Attend SARB meetings. Prepare agenda minutes and send to all participants of the board.
14. Audit/Review legal bills from Attorney.

***Indicates an essential job function**

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KEY JOB REQUIREMENTS

Education: Associate's Degree or Two Year College equivalent required.

Experience: 3 years to 5 years minimum amount of prior related work experience. Should possess previous exp. as Worker's Compensation Specialist with Monroe County.

Impact of Actions: Makes decisions and final recommendations which routinely affect the activities of an entire division. Position duties may include responsibility for developing strategic plans for one or more divisions.

Complexity: Analytic: Work is non-standardized and widely varied requiring the interpretation and application of a substantial variety of procedures, policies, and/or precedents used in combination. Frequently, the application of multiple, technical activities is employed; therefore, analytical ability and inductive thinking are required. Problem solving involves identification and analysis of diverse issues.

Decision Making: Analytic: Supervision is present to establish and review broad objectives relative to basic position duties or departmental responsibilities. Independent judgment is required to study previously established, often partially relevant guidelines; plan for various interrelated activities; and coordinate such activities within a work unit or while completing a project.

Communication with Others: Requires regular contacts to carry out programs and to explain specialized matters. Also requires continuing contacts with officials at higher levels on matters requiring cooperation, explanation and persuasion or with the public involving the enforcement of regulations, policies and procedures.

Managerial Skills: Responsible for orienting and training others, and assigning and reviewing their work. May also be responsible for acting in a "lead" or "senior" capacity over other positions performing essentially the same work, or related technical tasks and reporting to a higher level on a formal basis.

Working Conditions/ Physical Effort: Normal office situation/ Works alone or closely with others/ Typically sitting at a desk or table/ Intermittently sitting, standing, stooping/ Typically bending, crouching, stooping/ Light lifting or carrying 25 lbs or less.

APPROVALS

Department Head:

Name: _____ Signature: _____ Date: _____

Division Director:

Name: _____ Signature: _____ Date: _____

County Administrator:

Name: _____ Signature: _____ Date: _____

On this date, I have received a copy of my job description relating to my employment with Monroe County:

Name: _____ Signature: _____ Date: _____